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Understanding and addressing antisocial behaviour

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UNDERSTANDING AND ADDRESSING ANTISOCIAL BEHAVIOUR: A RAPID EVIDENCE REVIEW

Dr Colm Walsh
April 2019

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Introduction

The Belfast City Policing and Community Safety Partnership (PCSP) was established as a forum to promote community safety through interagency cooperation and community engagement. Since its inception, the model of joined up commissioning, planning and evaluation has resulted in several innovative models of practice which aim to reduce anti-social behaviour and increase pro-social engagement. These are often responsive to community needs. Strategic and financial support for new community innovations requires demonstrable need and an evidence base for the approach being used.

During 2018, Belfast PCSP wished to review its ASB strategy. Through this revised strategy, PCSP wished to ensure that:

- *The strategy was evidence based;*
- *The clearly define the forms of ASB being prioritised and the outcomes it wished to achieve;*
- *Investment was coherent and logically linked to the evidence;*
- *The strategy provided a longer-term basis to achieve the desired outcomes and have a meaningful, but also sustainable impact on ASB in the city.*

In 2019, Dr Colm Walsh was commissioned to undertake a formative evaluation project consisting of two distinct but complementary strands.

1. Strand one of the project entailed an evidence synthesis, bringing together all available and high quality research related to ASB and prevention, with a particular focus on outreach as an engagement tool.

2. Strand two of the project entailed a formative evaluation of outreach interventions designed to understand the context of ASB in local areas of Belfast (North and East) and explore the process which was implemented. Bringing together the evidence with the practice, the aim was to highlight what is working well in relation to responses to ASB across the city and identify opportunities to enhance practice and improve outcomes for children, young people and communities.

This report is the outcome of strand one of that project and summarises the findings of the evidence review.

The views expressed in this report are those of the author, not necessarily those of the PSCP nor do they necessarily reflect Council policy.

Key Points

1. Anti-social behaviour is a generic term that captures a range of behaviours along a continuum;
2. Antisocial behaviours can cause harm and distress to individuals and communities;
3. Community perceptions have a role in perpetuating assumptions about young people, what antisocial behaviour is and what responses are required. These are often counter-productive;
4. Most forms of antisocial behaviour are low intensity and low risk;
5. Some forms of antisocial behaviour are high intensity and high risk.
6. High frequency and high intensity ASB during childhood greatly predicts serious offending in later life without appropriate earlier and evidence based interventions;
7. There is evidence that approaches can be highly effective in reducing antisocial behaviour in communities (both perceived and real);
8. Different forms of antisocial behaviour require distinct approaches;
9. Young men are at particular risk and more effort is required to understand how to best engage young men and integrate gender conscious approaches into ASB strategies;
10. Understanding and responding to anti-social behaviour requires clarity around how the behaviours are defined, the desired outcomes and the interventions and/or approaches that are most appropriate to both of these.

The nature of youth antisocial behaviour (ASB)

Adolescence is a time of great transition- biologically, socially and psychologically. It is a time of rapid change and a time in which competencies, skills and habits are developed. It is also a time which greatly predicts the longer-term wellbeing of young people into adulthood (Dahl, 2004). Decades of research has shown that adolescence is a time of significant increases in anti-social behaviours (ASB). Whilst some behaviours are developmentally appropriate and relatively low level, other behaviours are more serious and more costly. The estimated costs of ASB can into billions (Rubin et al, 2006), with some estimates exceeding \$5 million (Cohen & Piquero, 2009). In fact, the economic costs are estimated to be so high that even a 1.3% change across all ASB interventions would be cost effective (Edwards et al, 2015).

Antisocial behaviour is economically costly but also has a significant social cost. It impacts on individuals, families and communities. It has both an immediate and longer-term impact and there are implications across the life course. In one longitudinal study, Scott et al (2011) found that the costs associated with ASB during childhood by the time they were twenty-eight, were ten times higher than those without conduct disorders during childhood. These costs relate to crime, the loss of education and the payment of benefits as a result of unemployment.

But there are issues. There is no agreed definition of ASB (Piotrowska et al., 2014) and subjectivity makes any definition difficult. Assumptions are made that there are 'community' definitions of order, which are socially and legally enforced. In reality, understandings vary greatly within and between communities. ASB behaviours range from those that are, at most, incivil or inconsiderate to those that are dangerous and criminal (Jacobson, Millie, & Hough, 2005).

ASB in the literature generally relates to serious and dangerous crimes such as serious violence, weapon carrying and contact with justice services. Other definitions are broader and refer to rule breaking in the widest sense as well as a plethora of non-aggressive and non-criminal behaviours (Sijtsema & Lindenberg, 2018). Depending on where studies are undertaken primarily determines the specific behaviours evaluated. For example, in the USA where most of the studies are implemented, ASB refers to a cluster of offending and generally aggressive behaviours.

In the smaller number of high-quality European studies, ASB can mean anything on a continuum of behaviours- from littering to highly aggressive forms of violence and intimidation (Rubin et al, 2006). In general, most studies around ASB examine externalising behaviours which include rule breaking, mild forms of violence, substance abuse, vandalism and verbal aggression

The development of effective interventions within community and non-formal settings which help navigate young people away from both antisocial and criminal behaviour is critical, but given that some young people are not routinely engaged in mainstream youth provision (school, youth groups, church groups), more needs to be learned about non-traditional ways of engaging and supporting them (Connolly & Joly, 2012). Outreach has been an important and pragmatic way of achieving this (Kidd, Miner, Walker & Davidson, 2007).

Over the last three decades, researchers and practitioners have made considerable progress in understanding what works to engage young people where they are and mitigate the prevalence and impact of antisocial behaviours and since 2000. This has been aided by a significant increase in published studies (Piotrowska et al., 2014).

There is some evidence that large scale change has been challenging but the mantra that *'nothing works'* is no longer the case. In fact, there is considerable evidence to the contrary. One of the problems however has been the relatively low take-up of evidence-based approaches within youth work and social care settings (Greenwood, 2008; Henggeler & Schoenwald, 2011). *"A fair number of well-defined early intervention programmes have by now been shown to work, and others are currently being evaluated in England, but they are only reaching a tiny fraction of the population of young people who are at risk"* (Ross et al., 2010: 8).

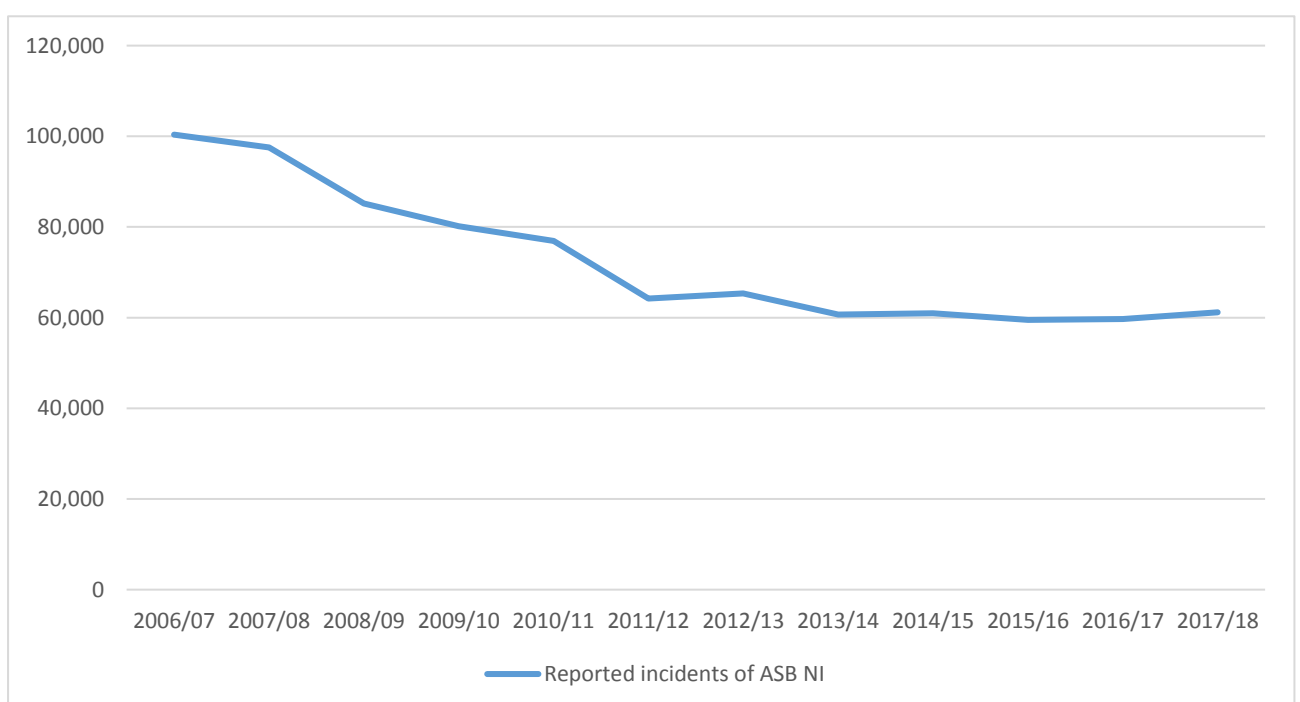
On the flipside, practices that have no empirical basis (such as the use of legislative deterrents, discipline oriented approaches and medicating young people) continues to be widespread (Patel et al., 2005).

Although NI has a rich history of developing and implementing a range of social programmes, reviews have found that interventions designed and implemented within community settings generally lack a robust evidence base (Rubin et al., 2006). This is not unique to NI but reflects the culture of implementation within the European context, mostly as a result of the dearth of high-quality evaluations means that there is generally insufficient evidence to allow robust analysis.

Trends

A range of statutory agencies collect data on ASB with PSNI being the most notable. PSNI define ASB as an incident that would be an offence in law, but where the offence is not of the level of severity that would result in a crime being recorded by the police (PSNI, 2019b).

Collation of data on anti-social behaviour started in 2006/07. In general, there has been a downward trend in the number of antisocial behaviour incidents recorded over the previous ten years. Indeed, latest figures suggest that prevalence is 3/5 that of the 2006/7 level and between, Jan '18 and Dec '18 in NI, there was a 9% drop in reported incidents compared to the previous year (PSNI, 2019b). This is mirrored in data profiling community perceptions of ASB where those reporting that ASB is a



‘very/fairly big problem’ has reduced from 14.6% in 2008/09 to 9/3% in 2016/17 (NICS, 2018). Nevertheless, the scale of ASB remains significant with more than 56,000 incidents reported across NI in the period 1st Feb 2018 to 31st Jan 2019. (PSNI, 2019b) and this may be one reason why 50% of respondents to a PCSP community attitudes survey indicated that ASB was ranked in their top three most important community issues (PCSP, 2019).

What do the figures tell us about patterns that may help policy and practice to respond more effectively? Statistics published by PSNI and data collected from PCSP members suggest both geographical and temporal patterns, which appears logical. ASB reports generally peak during the July period and decrease to their lowest levels around November and is proportionally most prevalent in the Belfast area (PCSP, 2019).

Although Belfast reflects the NI average strongly with overall ASB rates 8.5% lower than the previous 12 months and whilst three of the four Belfast areas experienced similar decreases, North Belfast was the area where the decrease in reports were lowest (-10.5% v -2.8%).

There are significant problems with the reporting of ASB given the subjective nature of it and difficulties around clear, consistent and objective definitions. For instance, statistical and recording anomalies result in the highest rates of reported ASB being in South Belfast, predominantly affluent areas with relatively lower degrees of offending than other areas of Belfast.

Clearer data collection and recording as well as more detailed reporting may help. For example, PSNI identify three categories of ASB used to collect prevalence of ASB- personal, nuisance and environmental (PSNI, 2019a). Data is routinely reported by PSNI, however disaggregated data

making distinctions between different forms of ASB is not. This reduces the ability to contextualise trends and understand changes in the prevalence of more serious and less serious forms of ASB. For instance, it is possible that on lower categories of ASB, a significant reduction overall has contributed to a general trend downwards whilst more serious forms of ASB (such as aggression and violence) are increasing.

It is important to know what works, for whom and under what conditions (Matjasko et al, 2012). Despite significant advances over the last 25 years, few interventions in NI have been robustly evaluated so it is important when designing ASB strategies to reflect on the wider literature. One way to achieve this is through an evidence review.

Evidence reviews

Reviews of literature, literature reviews, rapid reviews and evidence summaries are all terms which have become more common within evaluation and policy formulation with terms used interchangeably. However, their quality and reliability vary considerably. In response, organisations such as the Medical Research Council (MRC), the Campbell Collaboration and Cochrane have invested in the development and dissemination of guidelines to support researchers and evaluators in the design and implementation of high-quality reviews.

The Medical Research Council (MRC) suggest that the process of understanding any complex process such as interventions to understand respond to antisocial behaviour (ASB) include a series of inter-related processes each dealing with a separate domain of implementation.

For the purpose of this paper, the focus was on evaluation, whereby a rapid review of the best available evidence related to ASB and an assessment of the extent to which the literature provides guidance on what works for whom, when, and under what conditions was undertaken.

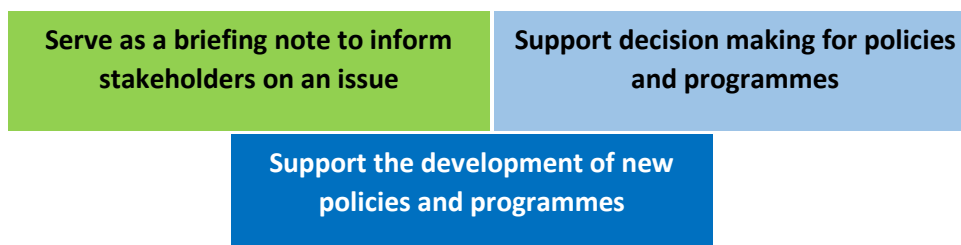
Given the paucity of robust evidence related to how youth work processes, particularly outreach interventions can help address ASB, studies that detail methods of engaging young people perceived to be at risk were included in the review. These interventions are detailed in a synthesis of findings and outlined throughout the themes which emerge.

Systematically reviewing all available literature has become the gold standard of literature reviews. However, The Campbell Collaboration suggest that a full review can take anywhere between six and twelve months to complete. Other types of systematic reviews are possible within shorter timescales. Given the nature of this project and the timeframes set out in it, a rapid review was both robust and feasible.

A rapid review is an approach to summarizing the knowledge base of an issue in a timely and accessible manner in order to inform practice and policy decisions. Rapid reviews are rigorous and explicit methods that avail of the evidence required for policy recommendations in a short timescale. However, the process requires some concessions to the breadth and depth of the review of available evidence using a systematic review process (Watt et al., 2008, Ganann et al., 2010).

The process is characterised by developing a focused research question, a less developed search strategy, literature searching, a simpler data extraction and quality appraisal of the identified literature (Watt et al., 2008). Developed from methods to conduct systematic reviews, a diverse range of rapid review methods are responsive and relevant to decision-makers (Ganann, Ciliska, & Thomas, 2010). These can range from conducting an expedited systematic review (such as a shortened time frame for the search strategy) (*Ibid*), to creating evidence briefings.

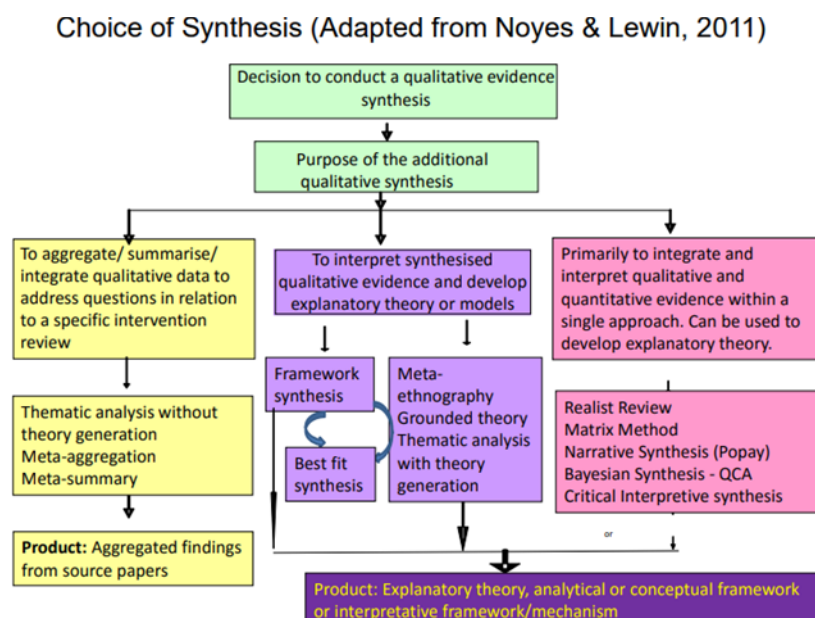
The evidence summaries created using this method can be used to:



This type of review will achieve the desired outcomes of the PCSP, within the desired timescale and be sufficiently robust enough to answer the research questions.

The specific approach used will be determined by the evidence assumed to be available, the question being asked and the desired outcomes. This can be illustrated in fig 1.

Figure 1: Choice of synthesis



The key stages of a rapid evidence review are to: develop search strategies and identify appropriate databases; screen the results against agreed inclusion criteria;

assess the quality of the included results; extract the key findings from the included results; and provide a synthesis of the key themes to inform the discussion and recommendations of the review. The Government Social Research Centre and the Evidence for Policy and Practice Information and Co-ordinating Centre (2013) recommend a rapid evidence review when there is a need to decide on a policy direction based on the best available evidence but despite there being a wide range of literature there are ongoing debates and questions.

The aim of this project was to undertake a rapid narrative review of evidence and synthesize the aggregate findings by using thematic analysis to answer the research questions. The search strategy focussed on two main sources:

1. Academic databases (PsychINFO, SAGE and ScienceDirect)
2. Google searches including Google Scholar

Terms used in searches 1 and 2 included key words such as ‘anti’ AND ‘social’ AND ‘behaviour’, OR ‘Behavior’. These key words were supplemented with additional words specific to the topic such as ‘prevention’; ‘youth’ AND ‘work’ and ‘outreach’.

Studies were included if they were systematic reviews of primary studies, reviews of reviews, meta-analysis, or robust literature reviews (with detailed search strategy); undertaken primarily with young people aged 8-18; were conducted in the previous 15 years given that the majority of evaluation have been published within this time period (Piotrowska et al, 2014); and were related to interventions or approaches undertaken in the community rather than clinical or criminal justice settings.

The process of reviewing articles for inclusion followed standard systematic principles and included:

Authors	Year	Type	No. of Studies reviewed	Combined sample	Explanatory factors	Interventions	Outcomes	Process frameworks/ implementation
Braga, Goncalves, Basto-Pereira & Maia	2017	Meta-analysis	33	23,973	✓			
Connolly & Jolly	2012	Literature review	42	/		✓		✓
DuBois, Portillo, Rhodes, Silverthorn & Valentine	2011	Systematic review and meta-analysis	83	/		✓	✓	
Edwards, Jarree, Perkins, Beecher, Steinbach, Roberts	2015	Systematic review	16	/		✓	✓	✓
Farrington, Gaffney, Losel, & Ttofi	2017	Review of reviews	50	/		✓	✓	✓
Hodgkinson, Marshall, Berry, Reynolds, Newman, Burton, Dickson & Anderson	2009	Systematic review	208	/	✓	✓	✓	✓
MacArthur, Caldwell, Redmore, Watkins, Kipping, White, Chittleborough et al., 2018	2018	Systematic review	70	20,756		✓	✓	✓

Matjasko, Vivolo-Kantar, Massetti, Holland, Holt & Dela-Cruz	2012	Review of reviews	52	/		✓	✓	
Manuel, Klint-Jorgenson	2012	Systematic review	72	/		✓	✓	✓
Melendez et al.	2016	Systematic review	19	/		✓	✓	
Morton & Montgomery	2011	Systematic review	3	/		✓	✓	
Piotrowska, Stride, Croft and Rowe	2014	Systematic review and meta-analysis	132	339,868	✓			
Ross, Duckworth, Smith, Wyness & Schoon	2011	Evidence synthesis and expert opinion	/	/		✓	✓	
Sandford, Duncombe & Armour	2008	Literature review	N/A	/		✓	✓	
Sawyer, Borduin & Dopp	2015	Meta-analysis	66	11,645		✓	✓	

Sijtsema & Lindenberg	2018	Literature review	32	/	✓			
Wilson, Smith-Stover, & Berkowitz	2009	Meta-analytic review	18	18,245	✓			

Themes

Defining ASB

ASB is often referred to as one construct but exists on a continuum of behaviours from more general, nuisance behaviours which are subjective but generally low risk through to more serious forms of ASB, often referred to as chronic substance misuse, aggression and higher risk behaviours.

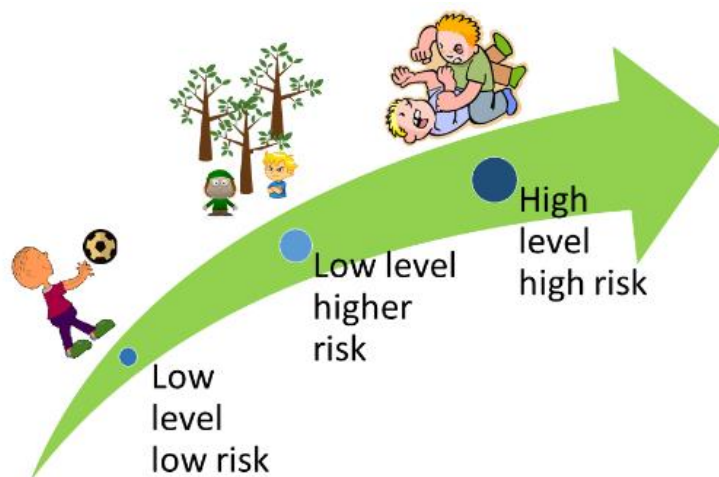
IS IT ASB OR UNWELCOME BEHAVIOUR?



At the upper end of the continuum, young people are often diagnosed with conduct disorders

which are defined as persistent rule breaking, aggression and violence

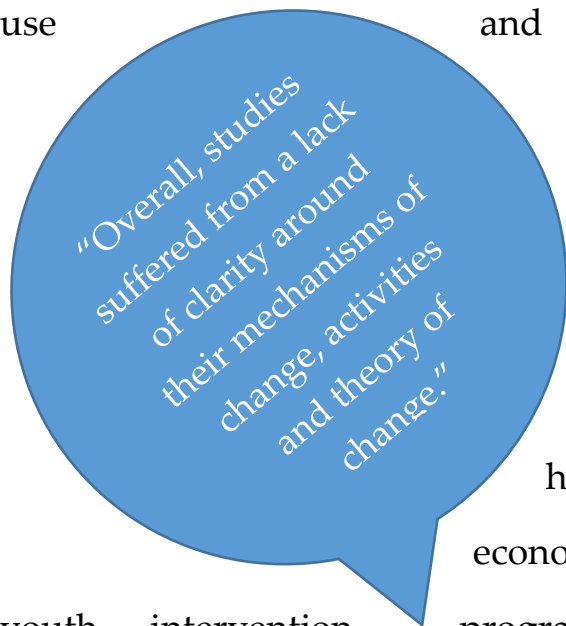
(National Collaborating Centre for Mental Health, 2013). Although the language is generally limited to clinical settings, it is important for practitioners working in



the community to be aware of young people who need specialist services. Globally, conduct disorders are the most common mental health disorders of childhood and adolescence, and they are the most common reason for referral to child and adolescent mental health services (CAMHS) in Western countries. A high proportion of children and young people with conduct disorders grow up to be antisocial adults with impoverished and destructive lifestyles; a significant minority will develop antisocial personality disorder, among whom the more severe will meet criteria for psychopathy. For practitioners and policy makers understanding what works to help improve outcomes is important in order to intervene directly and to signpost on to appropriate services.

At the lower end however, ASB refers to behaviours that include kicking a ball against a neighbour's wishes or talking too loudly. Standing in large groups has also been labelled as anti-social.

The difficulty therefore is that much of the literature around relate to a host of conflated behaviours. Some have disaggregated the behaviours along the continuum and focused on specific forms of ASB, particularly substance use and violence.



Although these forms of ASB are threats to public

“ASB projects therefore need to be more explicit about the type of behaviours being addressed for what purpose.”

health with a significant social and economic costs, it is unclear how effective youth intervention programmes are at preventing or reducing use. In their review of substance misuse prevention, Melendez-Torres et al (2016) found that most of the interventions reviewed were conducted in school systems but providers were generally youth work or social work

“If you don’t know what you’re trying to do, outcomes are difficult to achieve”

professionals and whilst it was clear what activities were being facilitated, overall, studies suffered from a lack of clarity around their mechanisms of change, activities and theory of change. In these studies, it was not clear what projects were doing to achieve what specific desired outcomes.

Following their review of 132 studies and a pooled sample of more than 30,000 people, Piotrowska et al (2014) argue that ASB interventions require a more specific definition and interventions should distinguish between aggressive and non-aggressive behaviours that are being addressed. This is of critical importance to policy makers and practitioners. Unless the desired outcomes are established beforehand, measures to demonstrate effectiveness are undermined. A more concerning implication however is that interventions put in place may have null or even negative effects. Starting with an agreed definition and using data to inform where priorities may be, can help to commission and implement the most appropriate responses.

“Unless the desired outcomes are established beforehand, measures to demonstrate effectiveness are undermined

Theoretical approaches

Why do some young people engage in ASB whilst others do not? Clearly, we need to consider the evidence above in relation to how ASB is defined before answering this question but in general, more serious forms of ASB, aggression and violence are consistently examined in the literature and theoretical explanation are provided. Understanding the theories which help to explain ASB is not merely an academic pursuit but helps to underpin strategies that emerge and justify the commission of one approach over another. So it is important to briefly summarise below.

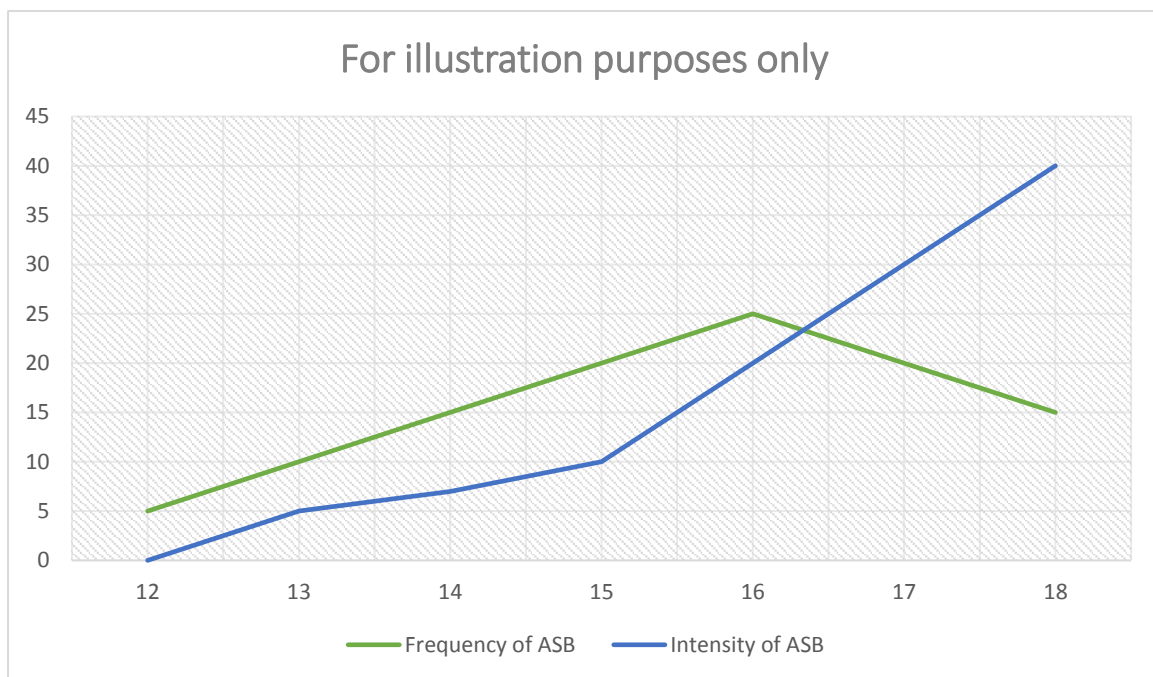
Life course persistent and adolescent limited

These theories include Moffitt's (2006) theory of life course persistent and

“They’ll grow out of it!”



adolescent limited whereby teens experience a maturity gap. That is, whilst they are biological mature during early-late teens, they are not psychologically or emotionally mature. ASB can be a way to assert their maturity and this is reinforced by other negative peers and disapproving adults.



We generally understand this theory to fit with the widely accepted concept of ‘age-crime-curve’ that can be graphically illustrated to show how young people engage in problematic and challenging behaviours as

they transition out of childhood and into adolescence. However, these behaviours reduce in their frequency and intensity as they continue to develop. This is true of the majority of young people. A smaller, more concerning population of young people are those who continue to engage in challenging and risky behaviours. For this group, behaviours become less frequent but more intense. Risks are higher and impact can also be longer lasting.

Confluence

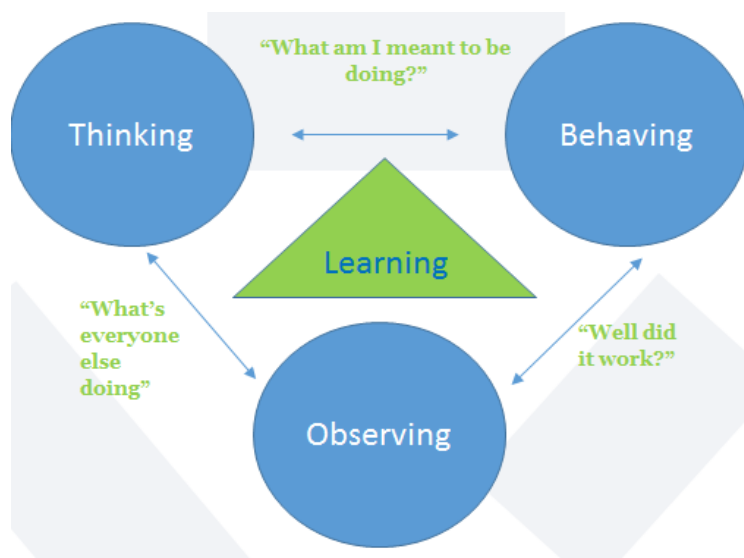
**One is
the
loneliest
number!**

Another theory is the concept of confluence provided by Dishion et al (1994) which describes the processes which facilitates a young person's engagement with ASB peers through rejection from pro-social peers. When rejected by positive peers, young people are more likely to engage with negative peers who themselves are likely to have been rejected and negative behaviours are mutually reinforcing. Patterson's (1992) theory of coercion outlines how ASB, for some young people can be instrumental, that is, serve as a functional behaviour whereby young people achieve something of value. It might be a place in a group, a sense of belonging, or a sense of fun. There are many incentives. This is important to acknowledge because these things may be more rewarding than the risks associated with engaging in them.



For example, one of the reasons why deterrent programmes have been such a failure is that they do not take into account the natural pull towards social rewards even at the expense of criminal records and isolation.

Social learning



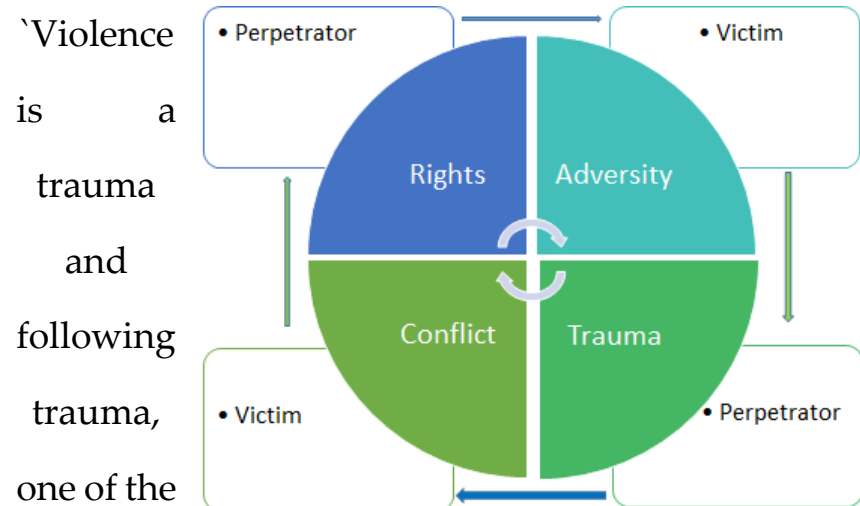
Social Learning (Bandura, 1977) theories have had a significant impact on behavioural interventions. It illustrates the reciprocity of social and cognitive processes and suggests that we primarily learn

behaviour through observation, testing and making sense of the feedback we receive. Social learning theories suggest as a child, a young person observes the world around them, develops attitudes and beliefs related to those observations and engages in behaviour congruent with those observations and attitudes. This process of continual learning can be positively or negatively applied. For example, a child who develops in an environment where basic needs are met, where affection is provided consistently and where problems are solved rationally and unemotionally, will be more likely to develop a particular view of their environment and a range of skills for responding to perceived problems.

On the other hand, a child who grows in an environment characterised by fear, inconsistency and aggression will be more likely to develop a view of the world defined by threat and fear. Whilst these young people will also develop skills, they will be limited and the skills required for that particular environment.

The cycle of violence

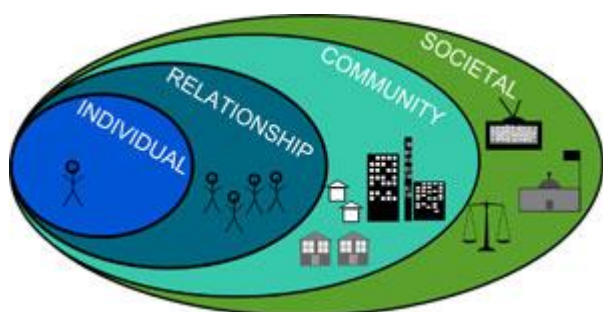
Trauma presents in a number of ways-domestic abuse, maltreatment, parental addictions. Community violence and the legacy of the conflict has had a profound effect on the physical and mental health of communities in Belfast.



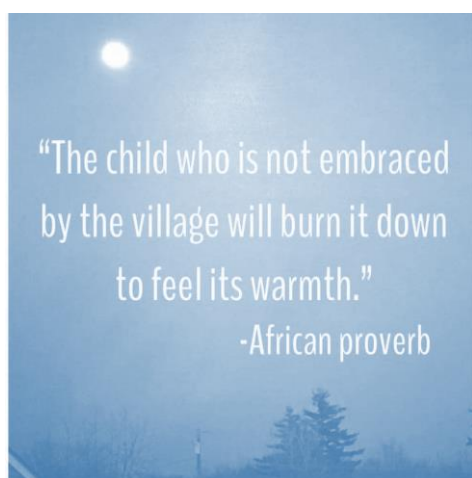
symptoms can be hyperarousal, often associated with post-traumatic stress. Those studies that do explore this link are rooted theoretically in the cycle of violence framework (Widom & Maxfield, 2001) and concepts of social learning where behaviour is modelling and later reinforced (Akers, 2009). However, data on neglect indicates that it may be as, or even more important than physical abuse on

ASB (Smith et al, 2005).

Social ecological theories



Although it is important to pay attention to individual level factors that drive and sustain ASB, attention to the larger role sociocultural, economic, and community factors play in the development of youth violence is critical, particularly when the aim is to have an impact at a city level (Matjasko et al, 2014). Peers are an important socialising agent when it comes to anti-social behaviour (Snyder, Horsch & Childs, 1997).



Both sociological and neurological studies have demonstrated that as teens

grow peer relationships intensify and peers become an important guideline for normative and rewarding behaviour (Harup, 1996 & Teen brain). This correlation appears strong and significant with anti-social behaviours growing and intensifying at the same time.

There's a 'knock-on' effect the ripples between individual and community. An action by an individual effects the community and vice-

What is effective for whom, when and under what conditions?

In their review of 132 studies and a combined sample of more than 330,000



people, Piotrowska et al (2014) found that globally

there was a significant association between socio-economic status and ASB. However, they also

found that ASB was more prevalent amongst boys

than girls living within the same social conditions

suggesting that whilst SES is important, other mediating

factors are present. The link between gender and ASB is well established

but the reasons are not. Gender is important given that boys are more

likely to engage in more severe risk taking and aggressive behaviours

than girls (Moffitt et al, 2009) The National Collaborating Centre for

Mental Health (2013) report that the gender ratio is approximately 2.5

males for each female, with males further exceeding females in the

frequency and severity of serious problem behaviours. So what is

effective may be partially determined not only by the behaviour but by

the characteristics of the young person, their family and their community

which is consistent with social learning and social-ecological theories of

ASB.

In their review of interventions to reduce ASB, Rubin et al (2006) found

that there several distinct types of interventions:

Early interventions

The idea of early intervention is a consistent theme throughout the prevention literature. This in many ways reflects the growth in evidence over recent decades and policy changes since the 1990's, with a shift in focus away from isolated working and towards evidence based and joined up services (Malin et al, 2014). The emphasis is on the prevention of issues before they become problematic and therefore intervening at the earliest possible stage with the tools and approaches that have been demonstrated to be effective, has been given significant credibility (Lonne et al. ,2009; Munro, 2011). As Atlantic Philanthropy note:

"...early intervention strategies can be effective if implemented with fidelity....Rigorous evaluation research on these international models—home visiting interventions, parenting programs, high-quality early childhood education, youth mentoring strategies—has shown that prevention and early intervention strategies can prevent future problems such as child abuse and emotional and behavioural issues" (Paulsell, 2009:4).

The concept has become commonly understood as we understand risk, where those risks present and the stage of development when risks are heightened. In this sense, early intervention is intrinsically linked to evidence based and strategic responses to ASB.

Understanding, responding to and preventing ASB is not just understanding what to implement but also what is most appropriate for who and when.

Early intervention approaches are underpinned by data collected on cross sectional and longitudinal studies that emerged out of the US and UK during the 1980's and 1990's. These studies identified risks associated with both positive and detrimental outcomes. Those such as Loeber and Farrington established risk factors such as parental substance abuse, educational attainment and early onset offending as predictors of later and life-course persistent offending. Based on these risk factors,



interventions have attempted to interrupt patterns and mitigate known risks at the earliest possible stage. The focus here tends to be on family support or targeted support for at risk young people. Findings for the latter tend to be relatively positive but this is moderated by the type, intensity and nature of the support provided. Findings for the former are mixed as they are rarely designed to address ASB specifically but rather other social outcomes such as educational engagement.

Coercive interventions

“...the more coercive interventions that are used, the greater the frequency and intensity of the ASB.”

Coercive interventions such as Anti-social behaviour orders have been widely implemented in recent years. Where these types of approaches have been used, there

has been significant criticism that those

responses amount to the unnecessary policing of children and young people where interventions are underpinned by a general intolerance of routine and generally normative youth activities. Additionally, reviews and meta-analysis examining their effectiveness have concluded that these have nil effect on the deterrence of ASB. They are not well supported by the evidence and the objective evidence suggests that they are potentially counterproductive. That is, the more that coercive type interventions are used, the greater the frequency and intensity of the ASB.

Developmental interventions

Developmental interventions are those which take account of the age and stage of young people with a particular focus on cognitive and social skills and the context in which young people live and develop. They integrate evidence-based approaches such as cognitive, personal development, family engagement and skills-based models into their programmes. These types of approaches have demonstrated significant effectiveness in

relation to violence reduction and the prevention of ASB. In some studies, these approaches can reduce ASB by 40%. They have been implemented in a variety of ways and in a variety of setting. However, the evidence suggests that those implemented in community settings achieve more favourable outcomes than those in formal or clinical settings (Rubin et al, 2006). Therefore there appears to be considerable opportunities for those within the caring, person-centered and developmental professions, particularly within the community and voluntary sector to engage in planned, purposeful, goal oriented and developmental interventions designed to address ASB.

Situational interventions

Situational interventions recognise the environment as a facilitator of ASB and logically, changing the environment may help to change the behaviours in that environment. Whilst many interventions focus on person centred approaches, situational interventions recognise that things such as lighting in an area, investment in community infrastructure and youth provision and resources which are accessible to all member of the community, when they require them, could have an impact on reducing ASB.

In addition to the structure of the intervention, ASB programmes can be thought of as addressing a variety of behaviours at different points of a

continuum, with one end less serious than the other and therefore requiring a different set of approaches. In their review of 52 studies, Matjasko et al (2012) found that they generally fell into three categories: *primary level interventions; secondary level interventions; and tertiary level interventions*. These closely align to World Health Organisation guidance on violence prevention and public health approaches to addressing serious youth violence. Primary interventions combine both risk and protective factors to address problems before they emerge; secondary prevention engage participants immediately following exposure to reduce further risks; and tertiary interventions address chronic problems. Depending on which rung of the framework an intervention was being implemented, different modes have been cited as more effective than others. Features of primary interventions generally include weekly sessions, targeting a universal population who are low risk, under the age of 15, focus on strengths and generally a shorter input (4-12 weeks). As risk increases, the nature of the input changes also. For instance, secondary approaches focus more heavily on changing the natural environment (peer relations, family functioning, community relationships), are generally longer term and establish clear and measurable goals with young people (Manuel & Klint-Jorgenson, 2012).

For the purposes of this report, studies which reviewed early interventions and developmental interventions were examined.

Depending on where behaviours present on the continuum, across how many systems they present and how intense they are, appears to mediate the relationship between what is implemented and what is effective at reducing ASB. In their review of 208 studies, Hodgekinson et al (2009) found that ASB interventions that were more effective were those that involved, tailored approaches, involvement of different members of the community, involved information sharing and included some form of pro-social engagement over a prolonged period of time.

For some low levels of ASB, implementing an intensive community-based outreach programme with therapeutic approaches and heavily resourced diversionary activities may be akin to opening a nut with a sledgehammer. Not only does the shell completely break but so too does the nut. The evidence paints a picture of appropriateness in the response underpinned by a sound understanding of the evidence. Similarly, if a community experiences significant, persistent and dangerous forms of ASB then group based, diversionary and activity focused projects appear to be insufficient on their own to have a meaningful impact on behaviour. Policy makers and commissioners need to be aware of the specific forms of ASB which they want to prioritise, but also the specific approaches which are proven to be more effective for those forms of ASB.

Outreach

Outreach involves locating and supporting young people in their own environments, engaging them and understanding and responding to their diverse needs (Ferguson, 2007). Over recent decades this approach has been associated with youth work provision, particularly for 'at-risk' young people. But what is involved and how effective is it in reducing ASB?

In their review of 16 studies Connolly and Joly (2012) found that programme philosophy was important and appeared that when all practitioners understood and engaged with those philosophies. These tended to fall within either, client centered (respect, congruence, empathy), developmentally sensitive (adjustments based on developmental needs) or strengths based (empowerment, self-worth).

Other factors that were important were flexibility in style and approach, having the flexibility to work non-traditional hours and locations; having the time to establish and foster a relationship with young people; and through the provision of information from the first contact (but sensitive issues such as sexual health they prefer leaflets). It seems therefore that contact alone is insufficient with outreach programmes. What happens following that outreach is a greater predictor of behavioural change than the mode of the intervention, the environment in which it takes place or

who delivers it. “[P]rograms need to challenge, engage, and equip young people to develop personal assets to succeed and contribute meaningfully” (Morton & Montgomery, 2011: 9).

Outreach interventions which have demonstrated meaningful success have developed strategies which extend beyond the engagement phase but empower young people as partners in decision making processes and design services with their own voices. Youth empowerment models are based on social ecological frameworks and the understanding that relationships between systems and individuals are interdependent (Bronfenbrenner, 1979) as well as Social Learning Theory (Bandura, 1986) that reflect the fact that behaviour is often learned and reinforced in social groups. There are many examples over recent years such as youth council, participatory research groups and social action projects but few have demonstrated true participatory approaches such as the Lundy Model (EU Commission, 2018). Engagement and empowerment involves pro-social engagement of young people (Jennings, 2006) and group interaction (Cargo et al, 2003) but it is also about developing psycho-social assets among participating young people through processes that help them to make connections with supportive adults, help to develop their skills, help to engage them in new opportunities, in pro-social environments, and engage them in meaningful and regular decision making (Morton & Montgomery, 2011). Those models of outreach and engagement that have been most effective have been those that understand and build on youth

strengths (Kia-Keating, 2011), with the focus on increasing protective factors (pro-social engagement, increased academic engagement) rather than reducing risks factors. The goals of these types of outreach interventions have promoted positive youth development, even when seeking to prevent problem behaviour (Roth & Brooks-Gunn, 2003). The importance of relationships as a critical ingredient is consistent and group settings appear to be important, particularly for lower levels of ASB. In this context, positive peer influences can help facilitate new attitudes and behaviours and ensure they are normalised (Boeck, 2009).

Individual approaches

Individually focussed interventions such as mentoring has been long cited as an effective way of engaging those involved in ASB and various forms of mentoring have been well integrated into routine practice. Projects which seek to address substance misuse, educational attainment, employability and aggression have all integrated mentoring as modes of choice. But, the evidence on how effective this approach is mixed.

In their study of 83 studies DuBois et al, (2011) found that there was significant variation. Those that made use of community resources, engaged people from across different systems, used those engaged in caring professions (such as youth work and community work) and had a

well-defined process with clear and measureable goals had reported more significant and sustained change.

In contrast, those who focussed on the relationship between worker and young person but had no clear process and no goal-oriented intervention achieved less positive outcomes. This finding was replicated across several studies. For instance, in their review of 52 reviews, in which each review examined the findings of an average of 65 studies each, Matjasko et al (2014) found that interventions that were behavioural rather than person centered experienced more positive outcomes and those that combined cognitive elements alongside behavioural approaches were more positive than behavioural only. Similar findings were reported in a similar review of individual interventions to reduce aggression and violence. Edwards et al (2015) in their review of 16 studies found that goal setting, review and implementation were important for a reduction in aggressive and violent community behaviours.

The impact of individual work therefore appears to be moderated by a range of factors including the young person's own context, relationships with caring professionals, longer term support and goal setting. Interventions that were implemented in less than three months typically had less sustained outcomes than those greater than three months.

Multi-modal interventions

There are several approaches to addressing ASB on a scale from universal through to tailored and more intensive, targeted models. For young people engaged in more serious forms of ASB, reviews such as that undertaken by Farrington and Welsh (2007) have found that embedding multiple approaches are most effective (Ross et al, 2010). This may mean combining outreach with educational support or individual work with family work. This suggests that interventions focussed on systemic drivers of ASB (family level drivers, community level drivers, school level drivers) are more effective, particularly for more concerning forms of ASB.

Therapeutic elements with young people most at risk of serious harm appears to be an important element in improving outcomes. Risks for engaging in ASB are defined across different systems and so logically, interventions that are most effective are those that target risks across those systems (individual, family, community and school). In one of the broadest meta-analyses of interventions for juvenile offenders to date, Lipsey (2009) began to characterise some of the key factors that contribute to programme effectiveness. Based on 548 independent sample studies from 361 primary research reports, Interventions that embody 'therapeutic' philosophies, such as counselling and skills training were far more effective than those based on strategies of control or coercion, i.e.

surveillance, deterrence, and discipline. In fact evidence suggests that programmes that mainly focus on deterrence or discipline can actually have the opposite effect and lead to an increase in offending behaviour (Ross et al, 2010).

In addition to strategies which focus on discipline, interventions for this population which have been least effective have been those that were unstructured (no goals), that were short term (less than three months), and those that bring together those most at risk in group work settings. This is in contrast to lower levels of ASB where group work setting were effective in reducing ASB and promoting prosocial behaviours.

The role of trauma

Over recent years, there has been a growing recognition of the therapeutic needs of young people who interface with the justice system and who are engaged in ASB's. Across many disciplines, researchers have long been interested in the association between exposure to various forms of trauma such as violence and the perpetration of ASB (Garbarino 1989; Widom 1989). It's estimated that up to 70% of children are exposed to violence in the community (Finkelhor et al, 2007) and this may be even more acute in post conflict societies such as Northern Ireland. The prevalence of trauma is now widely accepted as a predictor of ASB and early onset of ASB is strongly correlated with serious offending in later life. In their review of

eighteen studies with a combined sample of more than 18,000 people, the review found a significant relationship between exposure to violence and perpetration of ASB (Wilson, Smith-Stover, & Berkowitz, 2009). Reasons for the relationship are not well established but there is emerging evidence that exposure to trauma such as community violence creates changes at a neurological level, leading to changes in stress responses mechanisms, affecting emotional regulation, memory and social development (Glaser, 2000; Teicher et al. 2003). Studies around trauma have documented that adjustment following exposure is difficult (Norman et al., 2012) and for some, these difficulties present as both internalising and externalising behaviours (Knutson & Schartz, 1997). Subsequent studies into the specific outcomes of maltreatment found that those involved in antisocial behaviours had overwhelmingly experienced maltreatment and abuse. However, it should be noted that early studies somewhat overestimate the effects (Widom, 1989). In one prospective study, they found an arrest rate of only 30% and some 10% higher than controls (Widom &Maxfield, 2001). Other studies have found that the timing of maltreatment can impact on the behavioural outcome (Smith, Ireland & Thornberry, 2005) so that those that only experience abuse during childhood are less likely to engage in ASB whilst those who also experience abuse during adolescence are more likely to engage in more serious ASB and more frequently than non-maltreated young people.

Braga, Cunha-Concalves, Basto-Pereira & Maia (2017) found statistical relationships between all forms of maltreatment and both general and aggressive ASB. In their systematic review, Mass et al (2008) found that whilst emotional abuse was associated with internalising difficulties, those who were exposed to violence, were more likely to engage in aggressive ASB.

This evidence then suggests that a particular type of approach is required, different to that of young people engaged in lower and less persistent ASB who have not been exposed to serious and chronic community violence.

Conceptual map

Overall, evidence suggests that three key things contribute to the overall effectiveness of an ASB intervention (Ross et al, 2010). These include:

1. The methods used to evaluate the intervention;
2. The interventions used are appropriate to the population and behaviours of concern;
3. Characteristics of the behaviour and those involved are considered during the design.

What type of ASB is the issue?

Where, when & who?



Family

School

Community



How intense?

1

10

Primary

Secondary

Tertiary

**Universal,
Early
Interventions,
Group work,
Pro-Social,
Developmental,**

**Targeted, Earlier
Intervention, Longer
Term, Goal Oriented
Group work, Pro-
Social, Developmental,
Family work,
Cognitive work,
Behavioural work,
Systemic,**

**Specialised, Intensive,
Longer Term
Developmental,
Systemic,
Family work,
Cognitive work,
Behavioural work,
and therapeutic work**

What works?

Conclusions

Throughout this review, a number of themes emerged that those engaged in the development and implementation of ASB strategies should take on board.

Most forms of ASB are low level with no significant risk to the community. Nevertheless, they can be frustrating for the community. There are a variety of approaches that have been demonstrated to be effective at responding to these activities.

There is a gender issue associated with ASB particularly more serious forms of ASB such as interpersonal and community violence. ASB strategies should be gender conscious and integrate approaches specifically designed to engage young men.

Most of those engaged in ASB during adolescence will 'age out' of the behaviour. Incentives associated with engaging in ASB become redundant as most young people mature.

There is however, a number of young people who engage in ASB earlier than their peers, engage in more persistent ASB behaviours as they grow and whilst their peers grow out of the problem behaviours, they persist. More concerning is that evidence suggest this group not only persist but engage in more serious and risky ASB and offending behaviour.

Conclusion 1. Only a minority of young people are engaged in ASB

It is clear from the literature that the majority of evaluation are undertaken in relation to more severe and persistent forms of antisocial behaviour. These include chronic substance abuse and interpersonal violence. It is also evident that within the youth population, only a minority are engaged in these activities. Whilst adolescence is characterised as a period of increased risk taking, many of these behaviours are normative and longitudinal studies show that within the general youth population, most age out of them. Additionally, it has been found that community perceptions of young people increase fears around ASB, even when the activities of young people present no risk to themselves or the

community. In fact, there is evidence that implementing deterrence programmes in this context is counterproductive and can actually increase the prevalence of more serious forms of ASB. Although it appears that there is a need for a process of community education around the role of young people in the community, no evidence was found in this review of interventions that had successfully done so.

For the minority of young people, there is strong evidence that those engaged in more serious forms of antisocial behaviour at an earlier age and for a more prolonged period are statistically more likely to continue to engage in problem behaviours and offending throughout adolescence and into adulthood. The outcomes for this minority are the concern and distinct approaches are required for this sub-group when identified.

Conclusion 2. There is a need to define which forms of ASB are being addressed.

Whilst most of us refer to ASB as a homogenous concept and assume that others perceive it to hold the same meaning as us, this is not the case. ASB is a complex and contentious term. Across the literature, there is significant variability in how studies define and examine prevalence, risk and prevention of ASB. At best, ASB can be conceptually situated on a spectrum of challenging behaviours ranging from low level but subjectively annoying actions through to more objective but also more problematic behaviours. On the upper end of this spectrum are behaviours of critical concern which fall into offending behaviours, tend to be damaging to the individual, the victims and the wider community and are generally perpetrated by those with complex needs.

It appears therefore that developing an ASB strategy per-se is problematic. That is without clearly defining what the problems or challenges are, either singly or in multiples. It seems that it is this lack of clarity, consistency and defining that undermines evaluation around the effectiveness of ASB strategies.

Although the behaviours that fall within the category of ASB are complex, there is now a wealth of evidence illustrates the types of approaches that are effective for the particular forms of ASB, their mode of delivery and their duration.

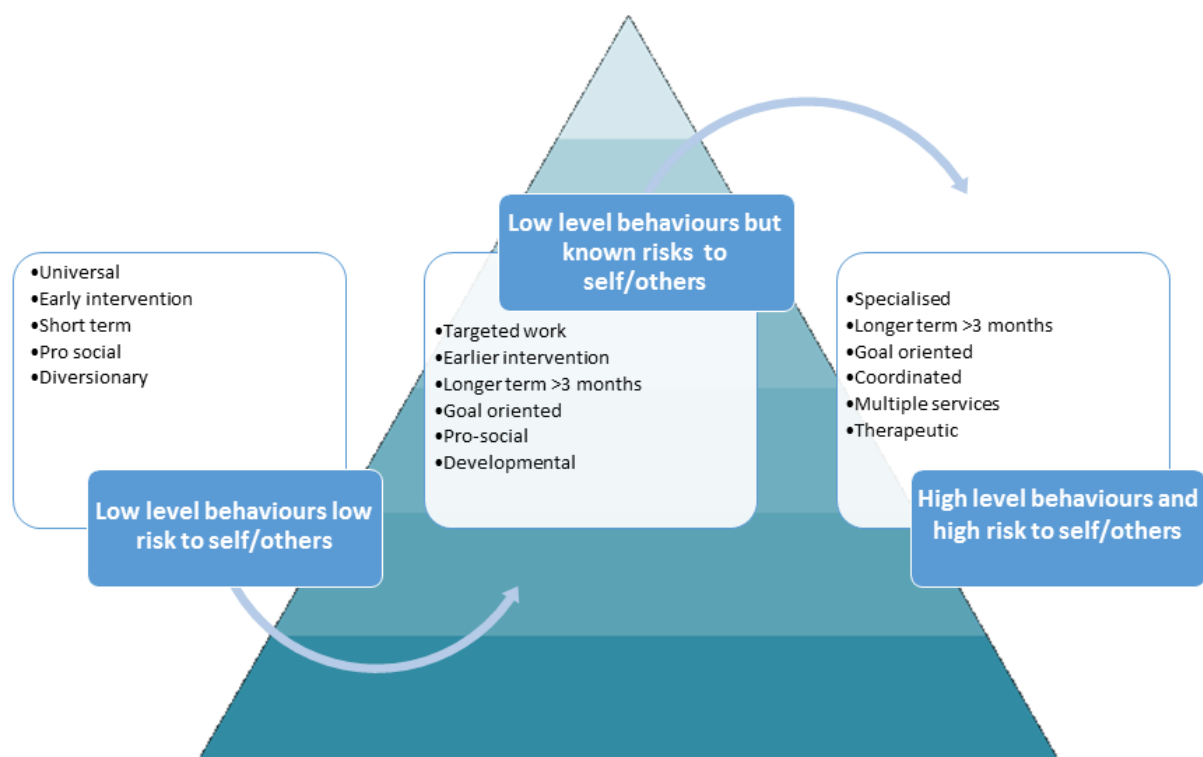
For instance, this review has found that there may be three strategic responses to ASB:

1. Responding to low level/low risk behaviours such as noisy activities, sports in residential areas and general nuisance behaviours. Although these present no significant risk to young people or the wider community, there is potential for those risks to escalate in the context of growing tensions. For this reason, a response may be required. That type of response may include more universal type approaches undertaken by caring professionals such as youth work or community work teams, acting in their capacity to undertake pro-social and diversionary work. Given the tensions and need to community education, a mediation role may also be effective in this context. The role of outreach teams is important in this context and efforts to intervene early in order to improve relations can be effective.
2. Responding to low level behaviours but where there are known risks to young people or the community such as with moderate alcohol and/or substance use and with young people socialising in isolated areas. Although the latter is not a form of ASB, the fact that young people are isolated, often in areas with low light and lack of easy access in and out, increase the risks of harm. Additionally, these environmental factors exacerbate community perceptions around the role of young people and risks they present to the community. In this context, where risks are known, interventions may combine pro-social with more planned and purposeful, goal oriented activities. These sorts of interventions require relationships to be formed but with a clear desired outcome. For this reason, the process may take longer and appears to be in the region of 3-6 with measurable milestones defined along that journey. Whilst outreach will be a critical element of these types of approaches, engaging hard to reach young people will not only requiring the formation of

relationships in the community, but the transition towards more specific and goal oriented work.

3. A minority of young people are engaged in more serious forms of ASB and present a threat to themselves, their peers and their communities. The evidence suggests that deterrence and punitive approaches are ineffective. Evidence based approaches include more specialised provision which include elements of the first two approaches but crucially, embedded within them are therapeutic elements. Many of the young people within this sub-group have experienced trauma (e.g. violence, domestic abuse, maltreatment, parental mental health and loss) and in the absence of appropriate mental health services, are more likely to respond behaviourally. Whilst there may be a role here to undertake initial engagement of young people during outreach, a youth work approach will be limited in its capacity to achieve the desired outcomes within this group. Therefore a combination of youth work, family work and therapeutic approaches are often most successful.

In general terms, modes of intervention that focused on the development a prosocial environment were more effective than those that focussed only on individual risk factors. Those that included multiple modes were most successful, particularly those that engaged young people, the community and their families at different stages. And overall, those interventions that lasted a minimum of 4-6 months were most likely to achieve positive benefits in the short and longer term.



Conclusion 4. There is a need to work within a continuum of ASB

The strength of any strategy depends on what type of ASB is being targeted, who the population is, the context in which they live and the strength of evidence attributed to intervention being put in place.

We have seen that ASB present on a continuum and that on the lower end of the continuum, certain approaches will be more effective than others. The evidence consistently suggests that using these universal, group based and

“...using these universal, group based and diversionary approaches with more problematic behaviours could be futile. Other distinct and complementary approaches are needed”

diversionary approaches with more problematic behaviours could be futile. Other distinct and complementary approaches are needed to target these behaviours. So it may be that ASB strategies target behaviours along this continuum, but to be effective, different approaches are required. Clarity is also needed around the characteristics of the key delivery stakeholders for each

target group. For example, on the upper end of the spectrum, specialist and targeted interventions are required. It may not be sufficient for generic, person centered professionals to fully engage and support this group. That is unless the relationship is a means to an end. Through person centered youth providers, relationships are formed, trust is established and young people are proactively supported to engage more specialist and targeted work. The emphasis is on relationships but purposeful relationship which are goal oriented.

Conclusion 5. There are few high quality studies examining the prevention of ASB in NI. Better resourced and more robust evaluations of ASB interventions are required

There is significant evidence that the majority of high quality ASB studies have been undertaken in the United States. Whilst useful, the lack of ASB evaluations undertaken in the context of UK and Ireland presents problems. One problem is that the systems in the USA and Northern Ireland are distinctly different. Northern Ireland has a rich history of developing social and welfare programmes within the context of voluntary and community organisations. These are less well developed in USA. Investing in evidence within this context would help to capture the cultural and contextual nuances of Northern Ireland as well as providing a more objective evidence base for the practice that already exists. It is important that at a strategic level, we invest in more robust evaluations that demonstrate objectively the effectiveness of interventions and take account of confounders. One way to do this would be to ensure that evaluation frameworks are in place before interventions begin using well established approaches.

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